

INSTRUCTIONS**Domestic and Foreign Captive Insurance Companies**

1. Complete Section A and B of insurance premiums tax return.
2. Attach a copy of the Captive Annual Statement filed with the Kentucky Commissioner of Insurance.
3. File this return on or before March 1.

All Companies

1. All schedules, exhibits and itemized accounts required as supplements to this return shall be attached to, and shall become an integral part of, this return.
2. Supplements are a part of your Annual Statement. Legible reproductions are acceptable.
3. For additional information, contact the Financial Tax Section at (502) 564-4810.

MAKE CHECK PAYABLE TO KENTUCKY STATE TREASURER

MAIL TO: KENTUCKY DEPARTMENT OF REVENUE



Mailing Address: P.O. Box 1303, Frankfort, KY 40602-1303

Overnight Address: 501 High Street, Frankfort, KY 40601-2103